



REASON CODES

Definition

The reason code is a numerical 3-digit code used by the Health Benefits Services Division to indicate the type of action or event that has taken place and is generating a health enrollment or change in an existing health enrollment.

Purpose

The Health Enrollment Reason Codes is a working tool to be used when the Health Benefits Officer prepares the HBD-12 form. These same reason codes are also used in the CalPERS COMET database as a basis of every transaction.

CalPERS uses reason codes when:

- Processing HBD-12 forms
- Processing COBRA enrollments
- Processing Direct Pay changes
- Processing Medicare status changes
- Processing an Administrative Remedy
- Processing all enrollment changes for a member's health account

The guide should be referenced on a consistent basis to ensure that appropriate coding is applied.

The events are divided into groups such as new enrollments, adding or deleting family members, changing plans and open enrollment transactions. When adding or deleting family members, be sure to notice which events are permissive and which are mandatory. Effective dates and COBRA rights will be affected.

Reason Codes replaced Permitting Event Codes, and will be entered in box 14 of the HBD-12 health benefit plan enrollment form.

IMPORTANT: When enrolling a spouse, a copy of the *Marriage Certificate* is required. An *Affidavit of Eligibility* is required when enrolling an economically dependent child. A *Divorce Decree* is required when deleting a spouse due to divorce, and a *Declaration of Domestic Partnership* and *Financial Statement of Liability* forms are required to add a domestic partner.

Active employee's Health Benefit Officers: Please do not send these supporting documents to CalPERS—note the document obtained is on file in Box 35 "Remarks" of the HBD-12 and retain them in your office with a copy of the employee's HBD-12 form.

HEALTH ENROLLMENT REASON CODES

NEW ENROLLMENT

REASON CODE	REASON DESCRIPTION	EVENT DATE	EFFECTIVE DATE METHOD*
100	New Employee	Date of appointment	2
101	Late or Loss of coverage (Employee)	Date other coverage ends	2
102	New enrollment after Reinstatement from Retirement	Date of appointment	2
103	Return from Military Leave	Date employee returns to work	2
104	New Enrollment for Employee during <i>Open Enrollment</i>	Any date in Open Enrollment	4
105*	New Enrollment for Retiree during <i>Open Enrollment</i>	Any date in Open Enrollment	4
106	New State Permanent Intermittent (PI) Employee	July 1 st or January 1 st	9
107	New State Permanent Intermittent (PI) Employee Off Pay Status during initial 60-day enrollment period.	Date of return to pay status	2
108	Employee enrolling in their own CalPERS health plan after deletion as a dependent from a CalPERS health plan.	Date dependent coverage terminates	2
109*	Retiree enrolling in their own CalPERS health plan after deletion as a dependent from a CalPERS health plan.	Date dependent coverage terminates	2
110*	New enrollment for Survivor	Date of request to enroll	2
111	New enrollment for Employee Off Pay Status during Open Enrollment Period.	Date of return to pay status	6
112*	New Retirement enrollment	Date of retirement	3
113*	Deferred Retirement enrollment	Date of retirement	3
114*	New Survivor enrollment	Date of member's death	1 M
131	COBRA Reduction in Hours	Date hours reduced	7
132	COBRA Loss of Employment	Date employment terminates	7
147	Late or Loss of Coverage (Retiree)	Date other coverage ends	2
148	Enroll half time employee	Date of appointment	2
153	BU 06 PI Cadet New Enroll	Date of appointment	2
154	Open Enrollment Survivor	Any date in Open Enrollment	4

NEW ENROLLMENT FOR NEW CONTRACTING PUBLIC AGENCY (PA)

115	New enrollment for Employee of Newly Contracting PA	Date of Contract	8
116*	New enrollment for Retiree of Newly Contracting PA	Date of Contract	8
117*	New enrollment for Survivor of Newly Contracting PA	Date of Contract	8
118	New Contracting—LOA (Direct Pay)	Date of Contract	8
150	New Contracting Employee Enroll (Half-time)	Date of Contract	8

*CalPERS Use Only

REASON CODE	REASON DESCRIPTION	EVENT DATE	EFFECTIVE DATE METHOD*
ADDING DEPENDENT(S)			
200	Adding Newborn or Newly Adopted Child	Date of birth, date of adoption or placement for adoption	1 M
201	Adding New Spouse or Step-children due to Marriage	Date of Marriage	2
202	Adding child due to Change in Custody	Date dependent is acquired	2
203	Adding "miscellaneous" child who lives in parent-child relationship with employee	Date of legal custody or date dependent is acquired	2
204	Adding dependent due to loss of non-CalPERS health coverage	Date other coverage terminates	2
205	Adding dependent due to return from Military leave	Date of return from Military leave	2
206	Adding dependent during Open Enrollment	Any date in Open Enrollment	4
207	Adding dependent upon return from off pay status during Open Enrollment	Date of return to pay status	6
208	Adding dependent due to Court Order	Date Court Order Received	1 P
209*	Adding dependent to resolve Split Family Enrollment	Administratively determined	3
210*	Adding Certified Disabled Dependent	Administratively determined	3
215	Add Domestic Partner	Date of Registration of Domestic Partnership	2
216	Adding Domestic Partner Child	Date of Registration of Domestic Partnership	2
DELETING DEPENDENT(S)			
300	Deleting dependent due to Death	Date of death	1 M
301	Deleting dependent who reaches Age 23	Dependent's 23 rd birth date	1 M
302	Deleting dependent(s) due to Divorce	Date of divorce	1 M
303	Deleting child due to Marriage	Date of child's marriage	1 M
304	Deleting dependent who is enrolling in their own CalPERS health plan	The day before the effective date	1 M
305	Deleting dependent that is no longer Disabled.	Date determined no longer disabled	1 M
306	Deleting ineligible dependent.	Date determined ineligible as a dependent	1 M
307	Deleting dependent that obtains other coverage.	Date other coverage begins	1 P
308	Deleting dependent due to Legal Separation.	Date of legal separation	1 P
309	Deleting dependent who goes on Military Leave	Date of Military Leave	1 P
310	Deleting dependent due to loss of eligibility as "miscellaneous" child.	Date dependent loses eligibility	1 M
311	Deleting all dependents	Date of request	1 P
312	Deleting dependent due to Change in Custody.	Date custody changes	1 P
313	Deleting dependent that moves out of household.	Date of move	1 P
314*	Deleting dependent to resolve dual coverage or split family enrollment.	Administratively determined	3
315*	Deleting dependent due to premium deduction exceeds gross (AB 592)	Administratively determined	3
318	Domestic Partner Termination	Date Partnership terminates	1
319	Domestic Partner Child Termination	Date DP Terminates	1
320	Deleting dependent during Open Enrollment	Any date in Open Enrollment	4

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REASON CODE	REASON DESCRIPTION	EVENT DATE	EFFECTIVE DATE METHOD*
CHANGING HEALTH PLANS			
400	OPEN ENROLLMENT Change in Health Plans	Any date in Open Enrollment	4
401	Changing health plans upon return from off pay status during Open Enrollment	Date of return to pay status	6
402	Change in home or work address (Move)	Date of move	1 P
403	Gain Association Membership	Date of membership	1 P
404	Lose Association Membership	Date loses membership	1 M
405*	Special Open Enrollment	Administratively determined	5
406*	Change in health plan due to premium deduction exceeds gross net	Administratively determined	3
407*	Rollover/Mass Plan Change	Administratively determined	3
408*	Provider Network Disruption	Administratively determined	3
409*	Change in Medicare coordinated health plan	Administratively determined	3
ELIGIBILITY ZIP CHANGE			
480	Add Eligibility ZIP Code	Administratively determined	3
481	Terminate Eligibility ZIP Code	Administratively determined	3
CANCEL			
500	Permanent Intermittent Employee loses eligibility due to Insufficient Hours	End of Control Period (June 30 or December 31)	3 Always 02/01 or 08/01
501	Change in appointment to Non-Participating Bargaining Unit	Date of change in appointment	1 M
502	Employment status changes to non-qualifying	Date status changes	7
503	Cancel coverage to elect Flex Cash during Open Enrollment	Any date in Open Enrollment	4
504*	Delay in Retirement Roll Placement	Administratively determined	1 P
505	Voluntary Request to Cancel Coverage	Date of Request	1 P
530	Cancel coverage during Open Enrollment	Any date in Open Enrollment	4

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EFFECTIVE DATES

EFFECTIVE DATE NUMBER	EFFECTIVE DATE METHOD DESCRIPTION
1	1 st day of the month following the Event Date (Mandatory Event) or HBO Received Date (Permissive).
2	1 st day of the month following the HBO Received Date if within 60 days of the Event Date. If HBO Received Date is beyond the 60 th day, the effective date is the 1 st day of the month following a 90 day waiting period from the HBO Received Date (Permissive Event).
3	Administratively determined.
4	Open Enrollment effective date (January 1 of contract year).
5	Special Open Enrollment effective date determined by CalPERS. HBO Received Date must be within special enrollment dates established by CalPERS.
6	1 st day of the month following HBO Received Date or most recent Open Enrollment effective date, whichever is latest.
7	1 st day of the 2 nd month following the Event Date.
8	1 st day of the month following HBO Received Date if within 60 days of the Contract Date. If HBO Received Date is beyond the 60 th day, the effective date is the 1 st day of the month following a 90 day waiting period from the HBO Received Date (Permissive Event).
9	State Permanent Intermittent Employees (PIs): 1 st day of the month following the HBO Received Date if within 60 days of the Event Date. If HBO Received Date is beyond the 60 th day, the effective date is the 1 st day of the month following 90 days from the HBO Received Date.